BRANDON REGIONAL HEALTH AUTHORITY

Bringing Responsible Health Care To All

1997 - 98 ANNUAL REPORT

103-02042/

BRANDON REGIONAL HEALTH AUTHORITY INCORPORATED

1997/98 ANNUAL REPORT

TABLE OF CONTENTS

Report of the Chairman 01

Report of the Chief Executive Officer 03

Executive Summaries:

A. *Acute Care & Diagnostic Services* 05
B. *Finance & Information Services* 06
C. *Planning, Community & Long Term Care* 07
D. *Support Services* 08
E. *Chief of Staff* 09

Financial Statements

Balance Sheet 10
Statement of Operations 11

Health Status Report Summary 12

Brandon RHA Organizational Chart 15

REPORT OF THE CHAIRMAN

I am very pleased to have the honour of reporting on the activities of the Brandon Regional Health Authority Inc. in this, its first year of existence and operation.

The Brandon RHA actually came into unofficial existence in December of 1996, with the appointment of myself as Chairman, and of Earl Backman as Chief Executive Officer. Over the course of the next 12 months, the RHA evolved in advance of the enacting legislation, so as to provide for the basic Board and Administrative structure required for operation as the transfer of governance occurred between November 1997 and April 1, 1998.

Since its inception, the efforts and accomplishments of the nearly 2300 members of the Brandon RHA team have been significant....and I use the term "team" very appropriately. As the process of transition to RHA governance began in 1997, the uncertainties of what the future would bring caused much apprehension in all areas of the region. It would have been easy to turn a blind eye to change, but 2300 dedicated professionals took up the challenge to work with the new administration and Board of Directors, and all of Brandon and Westman should be proud of what has been achieved.

Working simultaneously on many fronts, the Board and staff have initiated many very positive steps which include the following:

1. In November of 1997, the existing Board of Brandon General Hospital signed the transfer agreements which placed the hospital under RHA governance. This single courageous step, enabled the RHA to launch a new concept in the administration of a health care region, by moving to a program based delivery system from the traditional facility based model of the past.

   In early 1998, the Board of Fairview Home followed suit, and the Mental Health, Community and Public Health and Home Health components began the process of integrating with the RHA.

   These events, we believe, will enable the Brandon RHA to deliver the most effective and efficient health system possible, by placing all facilities, services and budgets under the jurisdiction of a single Board and Administration, hereby providing for seamless management and priority setting.

2. In early 1998, a very important piece in the evaluation of regional health needs was initiated, as the Brandon RHA Community Health Needs Assessment was launched. Thirty percent of the more than 20,000 surveys were completed and returned (which was a record for an urban centre), and fully tabulated results are expected within weeks. The historic involvement by the citizens of the Brandon Regional Health Authority will form the backbone for the development of the Health Plans that will take the region's health delivery system into the second millennium.

3. Since the beginning of the year, four major capital projects have been approved and started. The intended closure of the Brandon Mental Health Centre necessitated the development of the Child and Adolescent Treatment Centre on the Agricultural Extension Centre grounds, as well as the Centre for Adult Psychiatry, and the

Centre for Geriatric Psychiatry at Brandon General Hospital.

Most recently ground was broken for Phase 1 of a forty million dollar re-development of Brandon General Hospital, which will help us upgrade the health care standards from those of the sixties and seventies, to those needed today and into the future. Additionally, well over a million dollars in new equipment has been approved, and we are optimistic about additional approvals in the near future.

4. A final significant activity of the RHA team in the past year has been in the area of physician retention and recruitment. This is a topic of extreme concern and sensitivity, both in terms of physician compensation and workload. Both the Board and senior management have committed significant amounts of time to pro-actively assist in resolving issues between the doctors and government, as well as with the RHA. While we have not always been successful in our efforts and approaches, we have tried our best in the past and will increase our efforts in the days and months ahead. In co-operation with the local clinics, independent practitioners, the Chamber of Commerce and City Hall, we intend to ensure that Westman is served by an appropriate mix of specialists and family physicians that a regional referral centre should provide.

As we look to the future with cautious optimism, the Board has set its sights on the development of meaningful policies and other governance issues for the RHA as a whole, and we continue to ask for the support of both the health care providers of all three western regions, as well as the people we serve.

Peter S. Eckersley
Chairman

BOARD OF DIRECTORS 1997/98

Peter Eckersley, Chairman
Heather Johnston
Glen Newton
Barb Bragg
Dave Brownridge
Zella Mills
Jim Reid
Lorna Cowan
Bill Bryant, Representative, South Westman RHA
Roy Stevenson, Representative, Marquette RHA

REPORT OF THE CHIEF EXECUTIVE OFFICER

The establishment of the Brandon Regional Health Authority has created a new system by which health care is being delivered in the Brandon area. With one continuum of priority settings and management, the health care process is being facilitated in the most effective and responsible way possible.

My role as Chief Executive Officer has been to put into place all management structures and manage the day to day operations of all facilities and services within the Brandon RHA. Brandon General Hospital, Westman Regional Laboratory, Westman Central Laundry, Fairview Personal Care Home, Rideau Park Personal Care Home, and as well proprietary facilities - Dinsdale Personal Care Home, Hillcrest Place Personal Care Home and Central Park Lodge are the facilities operating under the umbrella of the Brandon Regional Health Authority.

Brandon General Hospital transferred operational jurisdiction on November 28, 1997. The Brandon Regional Health Authority, the Manitoba Government Employees' Union and the Government of Manitoba were parties to a Memorandum of Agreement which provided for the transfer of employees from the civil service to the Brandon RHA effective January 1, 1998. Simultaneously, the Board assumed responsibility for the management and delivery of the following programs and services:

- Home Care
- Health Protection
- Health Promotion/Education
- Public Health
- Adult Community Mental Health
- Mental Health Services for the Elderly
- Child & Adolescent Community Mental Health
- Adult Psychosocial Rehabilitation
- Hearing Conservation

Residual portions of Manitoba Health services and Fairview Personal Care Home transferred April 1, 1998.

The Brandon RHA Management Team is made up of a Chief Executive Officer, together with a Chief of Staff and four Vice-Presidents responsible for specific programs within the RHA. Helga Bryant, VP Acute Care and Diagnostic Services is responsible for all acute care areas - inpatient units, Emergency, ICU, Maternal Child, the surgical suite and Diagnostic Services. Her portfolio also includes responsibility for Westman Regional Laboratory, all Rehabilitation Services within the RHA, Social Work and Pastoral Care as well as outpatient/ambulatory care services.

Carmel Olson, VP Planning, Community Service and Long Term Care is responsible for planning and evaluation across the Region from a program perspective. Under Carmel's direction, existing programs will continually be evaluated to ensure that they are being appropriately delivered while new programs will be developed based on evidence gathered through the community health needs assessment. Carmel is directly responsible for administration of all Community Health and long term care aspects of the RHA.

Brian Schoonbaert, VP Finance & Information Services, assumes responsibility for Pharmacy Services, Materiels Management, clinical information, financial services and management information systems on a Region wide basis. Together with Comptroller Janet Wilcox McKay, he faces the daunting task of integrating multi financial and information systems into one comprehensive unit.

The area of Support Services for the RHA is managed by VP Gary McIntosh. Under this umbrella, Gary is responsible for Human Resource activities such as labour relations, contract and wage/salary negotiations, arbitration, recruiting etc., Environmental Services, Laundry, Housekeeping, Nutrition Services, Property Management Services and Capital Planning Services. As with other divisions, these activities are being integrated throughout all facilities as we move away from facility management to program management.

Dr. Charles Wilson, Chief of Staff, combines his practice as an Obstetrician/Gynaecologist with his administrative duties at the Brandon RHA half time. Dr. Wilson is responsible for clinical department heads within the Brandon RHA primarily based at Brandon General Hospital, including Psychiatry. He also plays a major role in physician recruitment, and is an integral part of the Executive Management Committee with the Vice Presidents, Comptroller and CEO.

The Brandon Regional Health Authority's mandate is to continue to improve the delivery of health care within the context of the regionalization process. Our goal is to ensure that when people need to enter the health care system, they are able to move within the entire system, according to their needs. They will be provided with good sound advice to enable them to make sound decisions. All components are being brought under one "roof" to minimize costs of management and maximize funding to patients and clients.

Immediate future plans are to bring the Community components of the Brandon Regional Health Authority together in one place in downtown Brandon to enable easier access by the public and RHA staff as well. In keeping with the "healthy community" concept, the regional office will also be located downtown where bus routes converge and where accessible parking will ensure an active and appropriate contribution to a healthy downtown.

I would like to thank the Board of Directors as well as the Brandon RHA Management Team for their support during the transition to this new way of providing health care. Their contribution and cooperation is responsible for the ease and success of this transition. Looking ahead to the coming year, we look forward to the challenges we will face, and will strive to meet those challenges as successfully as we have conquered the challenges before us during the past six months. We will endeavour to live up to our motto of "Bringing Responsible Health Care to All" within the Brandon Regional Health Authority and the surrounding regions which rely on the Brandon RHA for health care programs and services.

Earl E. Backman
Chief Executive Officer

EXECUTIVE SUMMARIES

A. ACUTE CARE & DIAGNOSTIC SERVICES

As in all areas, regionalization has been a predominant feature of the past six months within the area of Acute Care and Diagnostic Services. There are numerous areas of need including equipment, program changes/enhancements and human resources. What is already known from these areas, as well as data gleaned from the Community Health Needs Assessment results, will delineate actions and program changes in the upcoming year.

Redevelopment within Brandon General Hospital is just beginning and will take extensive time in the upcoming two years. Anticipated challenges in the redevelopment process include the time frame, previous experience with the process and physician involvement. The new management philosophy will permeate this process and rekindle enthusiasm facilitating collaboration and success.

The Emergency Department at BGH became a fully staffed unit with 24 hour physician coverage in January 1998. This year has been dynamic for the Westman Regional Laboratory in view of a consultant's review, the need for a new Laboratory Information System, medical staff turnover and the cooperation with the Brandon Regional Health Authority.

As in all areas of the Brandon RHA, Continuous Quality Improvement (CQI) is also a major initiative in the area of Acute Care and Diagnostic Services. CQI allows for a "customer service" approach to all services provided to patients, physicians, a colleague or member of another department or discipline.

Brandon Regional Health Authority plans to continue with the efforts of facilities within it to provide educational venues. For example, Brandon General Hospital provides learning experiences for nursing, health care aides, laboratory technologists, radiology technologists, therapy students, ambulance attendants and other allied health care professionals. Currently contracts are in place with the University of Manitoba, Brandon University, Assiniboine Community College and Red River Community College.

Many major issues need to be addressed in the 1998/99 fiscal year, some of which include the surgical waiting lists, pediatrician recruitment, equipment and waiting lists in Diagnostic Imaging, a nursing shortage, as well as the repatriation of ophthalmological services and the future of Westman Regional Laboratory.

B. *FINANCE & INFORMATION SERVICES*

The reorganization of health care services within Brandon has created new and exciting challenges in the area of Finance and Information. Financial Services staff have been very busy in trying to adapt to the consolidation of all components of the RHA.

In regards to Information Technology Services, a number of systems required considerable support in order to maintain their operation, specifically the Westman Regional Laboratory, Diagnostic Imaging and the ADT/CPI (Admission Discharge Transfer/Central Patient Index) systems. These three systems will have to be addressed in the 1998/99 fiscal year. A considerable amount of work has been done over the past year relating to the Year 2000 issue. A provincial initiative has been developed and the Brandon RHA is a key player in that province-wide effort.

To date, redevelopment, as well as the suggested implementation of the Automated Medication Distribution System, has played a major role within Pharmacy Services at Brandon General Hospital in terms of significant operational and capital costs. Pharmacy Services has also been very involved in the Provincial Group Purchasing Program and it is expected that they will play a significant role in years to come under the Regional Health Authority Purchasing Program.

The Materiels Management area within the RHA includes Purchasing/Stores, Central Dispatch/Print Room, and Central Sterile Reprocessing. With the consolidation of facilities within the Brandon RHA, the BGH Materiels Management takes on responsibility for all areas mentioned above within the entire Region.

Work has begun to replace the ADT/CPI system used to provide Patient Information Services. As more ambulatory care requirements need to be met, we will see a change in the functional requirements of that system.

C. PLANNING, COMMUNITY AND LONG TERM CARE

The advent of regionalization brought about the need to develop new organizational structures and to introduce processes that would ensure compliance with the legislation regulating Regional Health Authorities.

A community health needs assessment process, guided by a multi-sectoral steering committee, commenced in October of 1997. Participants from across the health care sector and community were actively involved in data collection and analysis....a report of the findings is scheduled for completion by the end of October.

Community-based services under the Department of Health were organized to serve the geographical area known as "Westman". This area was divided into three health regions and consequently, transfer of responsibility and distribution of resources to the Regional Health Authorities required careful planning and shared decision-making. It was not practical nor cost-effective to split some programs/services or staffing resources, therefore, the Brandon Region assumed responsibility for the delivery of multi-region programs, including the mental health inpatient units.

Three of the five personal care homes in Brandon remain under separate management; however, a forum has been established to facilitate ongoing collaboration between management personnel of the homes and the Brandon Regional Health Authority.

During the course of the 1998/99 fiscal year, efforts will be concentrated on completing the development of organizational and Board structures; finalizing a process for ongoing community health needs assessment; implementing a long-term planning strategy; reviewing programs and services; establishing community/allied organization partnerships; and devising a health plan that is reflective of evidence-based need.

D. SUPPORT SERVICES

During the past year, Brandon General Hospital, on behalf of the Brandon Regional Health Authority was able to enter into an agreement with the Canadian Red Cross to run blood donor clinics in the School of Nursing on a two-day per week basis. The Canadian Red Cross entered into a rental arrangement with BGH using the School of Nursing Auditorium for their clinics. This has created a permanent, highly visible site that has seen excellent participation from the residents of not only the Brandon Region, but Western Manitoba as well.

Mental Health reform moved towards completion this past year, with the renovation of the Centre for Geriatric Psychiatry (CGP) in the Assiniboine Centre and the construction and opening of a new building for the Centre for Adult Psychiatry (CAP). Both facilities are new, modern, patient/staff/public user friendly centres. Another new mental health facility, the Child and Adolescent Treatment Centre is currently under construction and a mid-November opening is anticipated.

In anticipation of the transfer of BGH and all it's properties to the Brandon RHA, an inventory and title check of all properties was initiated. It became apparent that a major amalgamation and issuance of new titles in the name of the Brandon Regional Health Authority was required. This project has been completed (with the exception of the School of Nursing which is in process), all property has been correctly identified, any outstanding liens removed, and all catalogued under the New Property Act in the name of the Brandon Regional Health Authority.

The regional programs within the Hospital Services portfolio continue to flourish. All programs retained or increased their regional participant base, and several new initiatives to operate the regional programs on a tri-regional basis are under active review.

Human Resources was successful in handling a very heavy and demanding workload. The successful transfer of all staff to the Brandon RHA, the negotiation of a collective agreement with CUPE 2255 - Trades/Engineers and the conclusion of a first contract with Pathologists in the Westman Regional Laboratory, were some of the major accomplishments.

BGH/Brandon RHA participated in a Labour Relations Secretariat for the rationalization of unions. A large time commitment was made to the project by all involved from the Brandon RHA both on a provincial and Brandon basis. Success was achieved with five bargaining units agreed upon for Brandon.

Recruitment of physicians, particularly specialists, continues to be a major activity. Some success has been achieved with the successful recruitment of Emergency Room physicians, two Pediatricians and one Ophthalmologist. However, this area will continue to be one of constant effort. A Physician Recruitment Committee has been struck and several organizational meetings held. Representatives on the committee are from the Brandon RHA, City of Brandon, the Brandon and Western Medical Clinics, Chamber of Commerce and the Brandon Economic Development Board.

With the transition of all community-based services in Brandon to the Brandon Regional

Health Authority, staff had to cope with momentous change, while at the same time maintaining their day-to-day operations. All staff within the Brandon Regional Health Authority are to be commended for the excellence of their commitment and service.

E. REPORT OF THE CHIEF OF STAFF

We are pleased to report that problems that occurred with physician staffing within the BGH Emergency Department were resolved at the end of June 1997, when four Emergency Room physicians signed contracts to ensure that twelve hour shifts in Emergency were provided every day. Interested family physicians also have opportunity to pick up additional shifts to ensure that this service continues. Two in-house physicians are available to the Emergency Department at identified busy times.

As mentioned previously in this annual report, there remains an ongoing difficulty with pediatrician recruitment. Work towards resolving the situation continues.

Problems have remained throughout the year with regard to waiting lists as it affects patients with urgent surgical problems. Long waiting lists for Diagnostic Imaging continues to be a concern as well. The lack of bone densitometry in Brandon means a long waiting list for patients in the Brandon region who have to go to Winnipeg for this service. The RHA Executive has made numerous submissions and personal presentations to Manitoba Health in the past year, detailing how waiting lists for both diagnoses and operations could be reduced. We are confident of imminent success, and perhaps even by publication date of this report, we will have achieved a resource level that will allow us to serve Western Manitobans at the level they deserve.

BRANDON REGIONAL HEALTH AUTHORITY

BALANCE SHEET

As at March 31, 1998

UNAUDITED

ASSETS

Current Assets

Cash	$130,838
Accounts Receivable	$1,431
Prepaid Expenses	$212
	$132,481

LIABILITIES & SURPLUS

Current Liabilities

Accounts Payable	$31,323
Accrued Liabilities	$100,088
Funds Held in Trust	$760
Surplus	$310
	$132,481

BRANDON REGIONAL HEALTH AUTHORITY

STATEMENT OF OPERATIONS

FOR THE 12 MONTHS ENDED 31 MARCH 1998

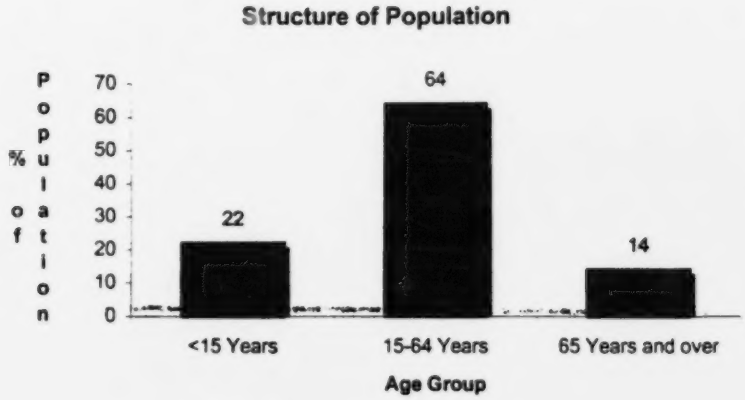
UNAUDITED

	Actual	Annual Budget	Variance
REVENUE			
Manitoba Health	341,400	341,404	(4)
Other Income	0	0	0
TOTAL INCOME	$341,400	$341,404	($4)
EXPENDITURES			
Salaries and Wages	$169,294	$165,794	3,500
Health and Education Tax	3,918	3,732	186
Employee Benefits	11,588	21,386	(9,798)
Utilities/Taxes/Insurance	0	2,158	(2,158)
Repairs and Maintenance	0	1,000	(1,000)
Travel and Staff Training	15,656	9,800	5,856
Postage/Stationary/Photocopying	7,542	2,424	5,118
Other Supplies	45,556	30,550	15,006
Miscellaneous	87,536	104,560	(17,024)
TOTAL EXPENDITURES	$341,090	$341,404	($314)
SURPLUS (DEFICIT) ON OPERATIONS	$310	$0	$310

1996 Health Status Report Summary

COMMUNITY PROFILE

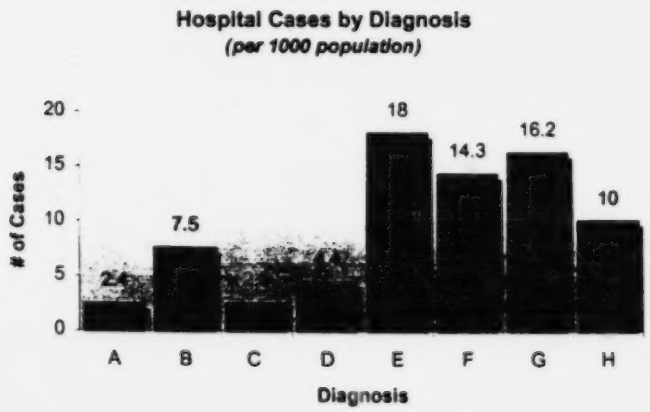
As of June 1, 1996 there were 47,344 people in the Brandon region. The 30-39 age group made up the largest segment and there were more women than men in the older age groups. This age and gender structure is very similar to the provincial pattern.



It is not possible to measure the health of a community in one simple way because there are many different factors which affect health in different ways. When indicators such as hospital utilization or mortality rates are examined together, they help to form a picture of the health of a community.

HOSPITAL UTILIZATION

Hospital use is one way to measure the amount of disease in a community. This chart shows the major reasons people who reside in Brandon are admitted to hospital.



Diagnostic Category:

- **A.** Infections
- **B.** Cancers
- **C.** Metabolic & Immune Disorders
- **D.** Mental Disorders
- **E.** Circulatory System Diseases
- **F.** Respiratory System Diseases
- **G.** Pregnancy & Childbirth
- **H.** Injuries & Poisonings

The Brandon RHA is above the Manitoba average in only three diagnostic categories.

Diagnostic Category	Brandon *(cases/1000)*	Manitoba *(cases/1000)*
Infections	2.4	1.7
Circulatory System Diseases	18	16
Respiratory System Diseases	14.3	12.9

In all other cases the Brandon RHA is either below or equal to the average.

The overall rate of hospitalization for Brandon residents based on an age/sex adjusted population was 113 cases per 1000 population in 1994/95 and 111 cases per 1000 population in 1995/96. The 1995/96 figure is second lowest provincially, behind only Winnipeg (96 cases), and below the Manitoba average of 124 cases per 1000 population.

HOSPITAL DAYS

Brandon is slightly above the Manitoba average for hospital days per 1000 population (age/sex adjusted) with a rate of 1,338 days, compared to 1,285 provincially.

Without knowing the acuity and complexity of the cases it is difficult to say why without gathering more information, although the Brandon RHA is well above the provincial average for the diagnostic categories of:

- ✗ Cancers
- ✗ Mental Disorders
- ✗ Circulatory System Diseases

WHO GOES WHERE?

Where do Brandon residents go for hospital services, and where are people from who come into the Brandon region for hospital services?

Brandon Residents	
Brandon General Hospital	81%
Health Sciences Centre – Winnipeg	6%
St. Boniface Hospital – Winnipeg	2%
Misericordia Hospital – Winnipeg	1%
Saskatchewan	1%
Other	9%

81% of Brandon residents stay within the Brandon region for hospital services while 9% travel to Winnipeg. The remaining 10% travel outside of the province or to other various regions.

When looking at who makes up the hospitalizations at Brandon General Hospital, only 53% of the cases were residents of the Brandon region.

BGH Hospitalizations	
Brandon Region	53%
South Westman Region	18%
Marquette Region	17%
Other Regions	11%

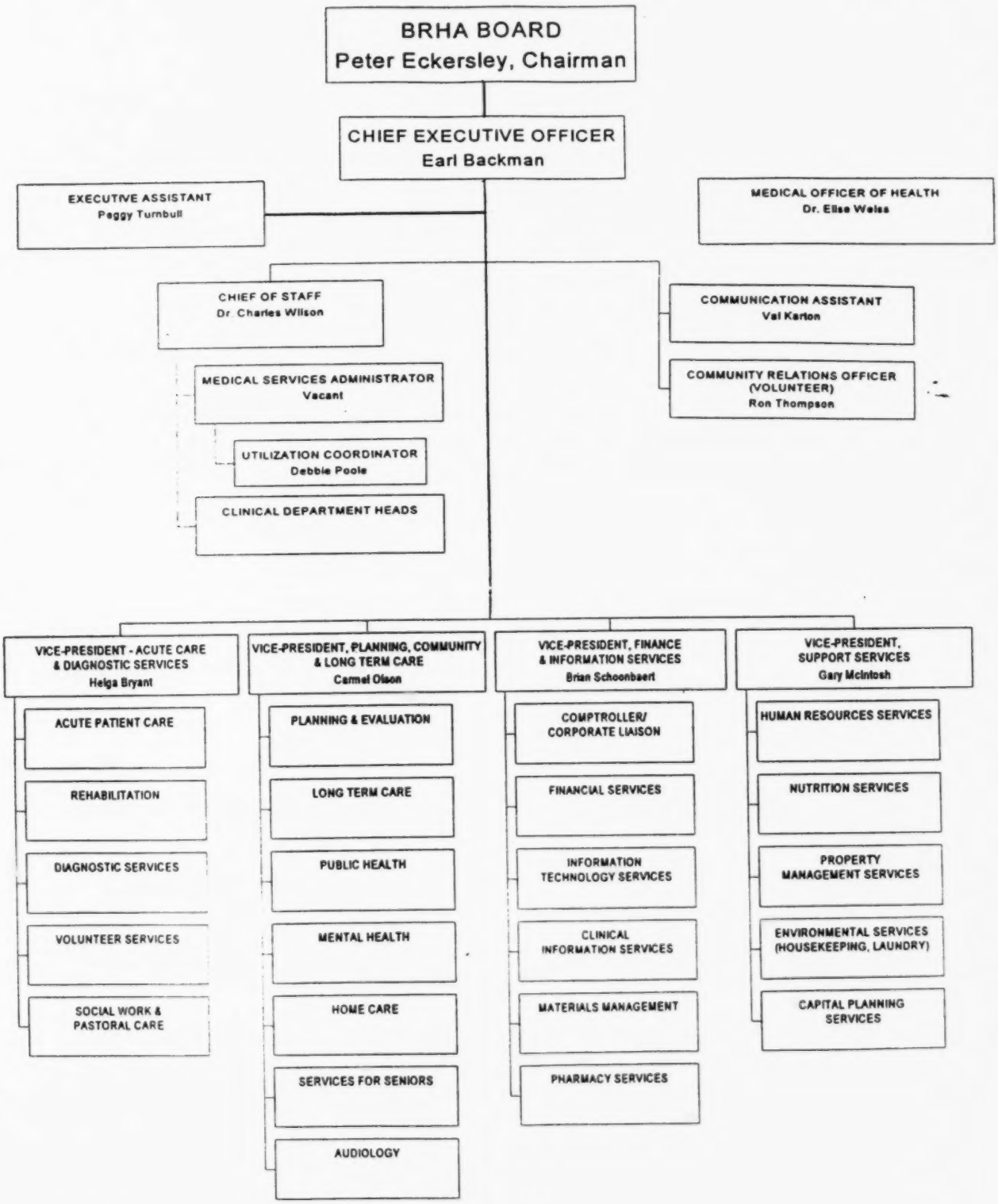
REGIONAL DEATHS

In 1996, there were 404 deaths in the Brandon region. The major causes of death were:

- 167 due to diseases of the circulatory system (41%)
- 106 due to cancer (26%)
- 47 due to diseases of the respiratory system (12%)

In 1996 there were 2 deaths in infants <1 year of age in the Brandon region. The rate was 3.3 per 1000 population <1 year, compared to the provincial rate of 6.4 per 1000.

BRANDON REGIONAL HEALTH AUTHORITY INC.
ORGANIZATIONAL CHART



MAY 1998